|  |  |  |
| --- | --- | --- |
| **Adult Immunization Fees**  ***Effective 2/21/2024—Prices subject to change without notice based on cost of vaccine.*** | | |
| **VACCINE ADMINISTRATION FEES** | | |
| **First shot … $35.00 Each Additional shot … $20.00** | | |
| **VACCINE** | | **COST PER DOSE** |
| **ActHib** | | **$18.00** |
| **COVID – Pfizer 12+ \*** | | **$120.00** |
| **COVID – Moderna 6 months through 11 years \*** | | **$120.00** |
| **COVID – Novavax 12+ \*** | | **$103.00** |
| **Hepatitis A** | | **$78.00** |
| **Hepatitis B – Engerix-B (3 Dose Series)** | | **$54.00** |
| **Hepatitis B – Heplisav-B (2 Dose Series)** | | **$130.00** |
| **Hepatitis A/Hepatitis B combo - Twinrix (3 Dose Series)** | | **$109.00** |
| **Human Papillomavirus (HPV9) (2 or 3 Dose Series)** | | **$293.00** |
| **Measles, Mumps, and Rubella (MMR)** | | **$98.00** |
| **Meningococcal (Menveo)** | | **$119.00** |
| **Meningococcal (MenQuadfi)** | | **$151.00** |
| **Meningococcal B (Bexsero)** | | **$181.00** |
| **Meningococcal B (Trumenba)** | | **$196.00** |
| **Pneumonia (Pneumovax 23)** | | **$123.00** |
| **Pneumonia (Prevnar 20)** | | **$267.00** |
| **Polio** | | **$46.00** |
| **RSV – 60+** | | **$263.00** |
| **RSV – Pregnancy** | | **$300.00** |
| **RSV – 0-19 months \*** | | **$491.00** |
| **Shingles - ShingRix (2 Dose Series)** | | **$185.00** |
| **Tetanus, Diphtheria, and Pertussis (Tdap)** | | **$45.00** |
| **Varicella (Chickenpox)** | | **$180.00** |
| *If cost is a barrier, please call to see if you are eligible for reduces cost vaccines.*  *\* Insured cost* | | |
| **OTHER VACCINES/SERVICES AVAILABLE**  ***Administration fees do not apply to the services below.*** | | |
| **INFLUENZA VACCINE**    **Quadrivalent (ages 19-64) Call for Price**  **High-Dose (ages 65+) Call for Price** | **PPD (Tuberculosis Skin Test) $30.00**  (Cannot bill Medicaid, Medicare, or Insurance) | |
| *Insurance will be billed with prior authorization or payment must be made at the time of service.*  *Under no circumstance will the cost of a district-purchased vaccine be waived.* | | |

|  |
| --- |
| **Specialty Vaccine Fees**  ***Effective 2/21/2024—Prices subject to change without notice based on cost of vaccine.*** |

|  |  |
| --- | --- |
| **VACCINE ADMINISTRATION FEES** | |
| **First shot … $35.00 Each Additional shot … $20.00** | |
| **VACCINE** | **COST PER DOSE** |
| **Cholera** | **$244.00** |
| **DTaP** | **$28.00** |
| **Hepatitis B Dialysis Dose** | **$187.00** |
| **Japanese Encephalitis** | **$351.00** |
| **Pediarix** | **$73.00** |
| **Rabies** | **$399.00** |
| **Typhoid Injectable** | **$127.00** |
| **Yellow Fever** | **$195.00** |
| *Insurance will be billed with prior authorization or payment must be made at the time of service.*  *Under no circumstance will the cost of a district-purchased vaccine be waived.* | |

|  |  |
| --- | --- |
|  | |
| **Childhood Immunization Fees** | |
| **ADMINISTRATION FEES for Children 0-18 years** | |
| **INSURED OR MEDICAID CHILDREN**  **First Vaccine……………...$35.00**  **Additional Vaccines……..$20.00**  **For your convenience, we will bill**  **your insurance for the administration fees.**  **EIPH is NOT a PPO provider for all insurance carriers. It is recommended that clients check with their insurance provider regarding their specific coverage.** | **VFC-ELIGIBLE CHILDREN**  **Vaccine for Children (VFC)-eligible children include those who are:**   * Medicaid eligible * Uninsured * American Indian or Alaska Native * Underinsured (a child who has private health insurance, but the coverage does not include vaccines or covers only selected vaccines)   **First Vaccine……………...$20.00**  **Additional Vaccines……..$20.00**  **No more than four vaccines will be charged. VFC fees are limited by Federal law.** |